



Arizona Resource Guide

**For
Supporting
Children**

With Life-Threatening Food Allergies



Arizona
Department of
Health Services



The purpose of this manual is to provide a guideline for supporting children with life-threatening food allergies in school. This resource is to assist teams in developing individual plans for children.

(These guidelines were adapted with permission from Wilmette District 39.)



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General Information about Allergies

The first part of this guide is intended to give the reader general information about allergies, the importance of prevention and general considerations when planning for children with life-threatening allergies.

Food Allergy Facts

Food allergies are presenting increasing challenges for schools. Because of the life-threatening nature of these allergies and the increasing prevalence, school districts and individual schools need to be ready for the entry of students with food allergies. A recent study reported that 25% of all reactions in the past two years occurred at school (Journal of Allergy and Clinical Immunology, Nowak-Wegrzyn, Anna, et al, 2000; 105:S182). More importantly, of the reactions happening at school, 79% occurred within the classroom (The Journal of School Nursing, Vol. 20, Number 5 page 268).

Food allergies affect 8% of children under age three, 6%-8% of school age children and 2.5% of adults. According to published studies, allergy prevalence has increased significantly in the last five years. Forty to fifty percent of those persons with a diagnosed food allergy are judged to have a high risk of anaphylaxis (a life-threatening allergic reaction). Every food allergy reaction has the possibility of developing into a life-threatening and potentially fatal anaphylactic reaction. A life-threatening reaction can occur within minutes or even hours after exposure to the allergen.

Allergic reactions to foods vary among students and can range from mild to severe life-threatening anaphylactic reactions. Some students, who are very sensitive, may react to just touching or inhaling the allergen. For other students, consumption of as little as one five-thousandth of a teaspoon of an allergenic food can cause death. The severity of a reaction is not predictable. Because there is a cumulative effect from past exposures to an allergen, the severity of a future exposure cannot be predicted.

- Eight foods (peanut, tree nut, milk, egg, soy, wheat, fish, and shellfish) account for 90% of total food allergies.
- Peanut and tree nuts account for 92% of severe and fatal reactions, along with fish and shellfish.
- The student with an undiagnosed food allergy may experience his/her first food allergy reaction at school.

Many students with food allergies who have experienced a life-threatening (anaphylactic) reaction may be aware of their own mortality. The emotional, as well as the physical needs of the child must be respected. Children with food allergies are at-risk for eating disorders or

teasing. School social workers are available to work with families when teasing concerns are indicated.

Bee/insect stings, as well as medications and latex also have the potential of causing a life-threatening allergic reaction.

Anaphylaxis

Anaphylaxis is a potentially life-threatening medical condition occurring in allergic individuals after exposure to their specific allergens. Anaphylaxis refers to a collection of symptoms affecting multiple systems in the body. The most dangerous symptoms include breathing difficulties and a drop in blood pressure or shock that are potentially fatal.

Recognizing Signs of Anaphylaxis

- Flushing and/or swelling of the face
- Itching and/or swelling of the lips, tongue or mouth
- Itching and /or sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing
- Hives, itchy rash and/or swelling about the face, body or extremities
- Nausea, abdominal cramps, vomiting
- Shortness of breath, repetitive coughing and /or wheezing
- Faint, rapid pulse, low blood pressure
- Light headedness, feeling faint, collapse
- Distress, anxiety and a sense of dread

How a Child Might Describe a Reaction

Food Allergy News, Vol. 13, No. 2. © 2003 The Food Allergy & Anaphylaxis Network.

- This food is too spicy
- My tongue is hot (or burning)
- It feels like something is poking my tongue
- My tongue (or mouth) is tingling (or burning)
- My tongue (or mouth) itches
- It (my tongue) feels like there is hair on it
- My mouth feels funny
- There's a frog in my throat
- There's something stuck in my throat
- My tongue feels full (or heavy)
- My lips feel tight
- It feels like there are bugs in there (to describe itchy ears)
- It (my throat) feels thick
- It feels like a bump is on the back of my tongue (throat)

Anaphylaxis typically occurs either immediately or up to two hours following allergen exposure. Anaphylaxis is often treated with the administration of epinephrine, a prescribed medication that immediately counteracts the life-threatening symptoms. Epinephrine is administered by an injection that is easily administered.

In about one third of anaphylactic reactions, the initial symptoms are followed by a late phase of symptoms two to four hours later. It is imperative that following the administration of epinephrine, the student be transported by emergency medical services to the nearest hospital emergency department even if the symptoms appear to have been resolved.

~When in Doubt, Use Epinephrine~

Medical advice indicates that it is better to give the student's prescribed epinephrine and seek medical attention. Fatalities occur when epinephrine is withheld. In many fatal reactions the initial symptoms of anaphylaxis were mistaken for asthma. This delayed appropriate treatment with epinephrine.

Individual Health Care Plan Emergency Action Plan & 504 Plan

An Individual Health Care Plan (IHCP) (Appendix B) puts in writing what the school can do to accommodate the individual needs of a child with a life-threatening allergy. Prior to entry into school (or immediately after the diagnosis of a potentially life-threatening allergic condition), the parent/guardian should meet with the school nurse to develop an Individualized Health Care Plan. This plan details the preventative steps a school will take to help protect a student with life-threatening allergies.

Included within the Individual Health Care Plan is an Emergency Action Plan. (See Appendix C). The Emergency Action Plan details specifically what steps staff must take in the event of an emergency. For school staff purposes, the Individual Health Care Plan and the Emergency Action Plan together are components of a 504 Plan.

Parents may request a 504 Plan for their child at the beginning of each school year. The 504 Plan is a legal document providing assurances about the necessary steps the school will take to help prevent an allergic reaction and what steps the school will take in the event of a specific emergency. Each parent should check with their own district and see what protocols/procedures or guidelines the individual school district have and utilize that procedure.

Importance of Prevention

Protecting a student from exposure to offending allergens is the most important way to prevent life-threatening anaphylaxis. Most anaphylactic reactions occur when a child is

accidentally exposed to a substance to which he/she is allergic, such as foods, medicines, insects, and latex. Avoidance is the key to preventing a reaction.

School is a high-risk setting for accidental ingestion of a food allergen, due to such factors as the large number of students, increased exposure of the food allergic student to food allergens, as well as cross-contamination of tables, desks, and other surfaces.

Other high-risk areas and activities for the student with food allergies include:

- the cafeteria
- food sharing
- hidden ingredients craft, art, and science projects
- bus transportation
- fund raisers & bake sales
- parties and holiday celebrations
- field trips
- before and after school hours school sponsored events (dances, after school sports)
- substitute teaching staff being unaware of the food allergic student

Ingestion of the food allergen is the principal route of exposure; however, it is possible for a student to react to tactile (touch) exposure or, in rare cases, inhalation exposure. The amount of food needed to trigger a reaction depends on multiple variables. Each food allergic person's level of sensitivity may fluctuate over time. The symptoms of a food allergy reaction are specific to each individual. He/she should be medically evaluated.

District procedures shall be in place at school to address allergy issues in the following high-risk areas: classrooms and physical education, food service/cafeteria, art, science, and mathematics, projects, crafts, outdoor activity areas, school buses, field trips, and before and after-school activities.

General Guidelines

This next section serves as a guide to outline the range of responsibilities staff can have concerning a child with a life-threatening allergy. Note that each child's team ultimately determines the responsibilities of individual staff members. This guide will help teams determine which accommodations are necessary for a given child.

Epinephrine by auto-injector should be readily accessible and reasonably secure at all times during school hours. It may be carried by the student if appropriate. To promote rapid life-saving steps, emergency medication should be in a safe accessible and reasonably secure

location that can be properly supervised by a school nurse or other authorized and trained staff members. Key staff members, such as the teacher, principal, and cafeteria staff, should know where the auto-injector is stored even if they are not trained to administer it. All staff trained in use of epinephrine should know exactly where it is located. Identification of the place where the epinephrine is stored should be written in the student's health care plan. When epinephrine is administered, there shall be immediate notification of the local emergency response services system (911), followed by notification of the school nurse, principal, and student's parents.

The school system shall maintain and make available a list of those school personnel authorized and trained to administer epinephrine by auto-injector. In an emergency when the school nurse is not immediately available or in cases when there is no school nurse, a current list should be placed in the school administrator's office as well as the health office and in the classroom of the food allergic child.

Responsibilities of the Student with Life-threatening Allergies

The long-term goal is for the student with life-threatening allergies to be independent in the prevention, care, and management of their food allergies and reactions based on their developmental level. With this in mind, students with life-threatening allergies are asked to follow these guidelines:

- Avoid trading or sharing foods.
- Wash hands or use Wet Ones disposable wipes (Wet Ones is the only recommended brand. Traditional diaper wipes do not have the proper chemical composition to remove allergens from the skin) before and after eating.
- Learn to recognize symptoms of an allergic reaction and notify an adult immediately if a reaction is suspected.
- Promptly inform an adult as soon as accidental exposure occurs or symptoms appear.
- Develop a relationship with the school nurse and at least one other trusted adult in the school to assist in identifying issues related to the management of the allergy in school.
- Do not eat anything with unknown ingredients or ingredients known to contain an allergen.

- Develop a habit of always reading ingredients before eating food.
- If medically necessary, the student is responsible for carrying medication(s). If a Medic Alert bracelet is provided by the parent, the child is responsible for wearing the ID at all times.
- Empower the student to self-advocate in situations that they might perceive as compromising their health.

Responsibilities of the Parents/Guardians

Parents/Guardians are asked to assist the school in the prevention, care, and management of their child's food allergies and reactions. Additionally, parents are encouraged to foster independence on the part of their child, based on her/his developmental level. To achieve this goal, parents are asked to follow these guidelines:

- Inform the school in writing of your child's allergies prior to the opening of school (or immediately after a diagnosis) and request a meeting with the school nurse to develop an Individual Health Care Plan & Emergency Action Plan (and possible 504 Plan) be scheduled. In addition, provide:
 - Medication orders from the licensed provider
 - Up-to-date epinephrine injector and other necessary medication(s)
 - Annual updates on your child's allergy status including a description of
 - Students past allergic reactions, including triggers and warning signs
 - A current picture of your child, for the IHCP, to post in school and bus
 - If the child carries medication, periodically check for expiration dates and replace medication as needed
- Provide a Medic Alert bracelet for your child.
- In the absence of a school nurse, the parent/guardian will provide appropriate training of staff.
- Notify supervisors of before and after school activities regarding your child's allergy and provide necessary medication.
- Introduce your child to the bus driver and head cook to explain your child's allergy. While the school will not exclude an allergic student from a field trip, a parent may choose to do so. Be willing to go on your child's field trips if requested. Provide safe classroom snacks for your own child.

- For lunch at school call the head cook to review menus and then reconfirm daily food choices, eating a lunch provided by the school may not be appropriate.
- If needed, help decide upon an “allergy-free” eating area in the cafeteria.

It is important that children take increased responsibility for their allergies as they grow older and as they become developmentally ready. Consider teaching your child to:

- Understand the seriousness and recognize the first symptoms of an allergic/anaphylactic reaction and notify an adult immediately.
- Carry his/her own epinephrine injector when appropriate (or know where the epinephrine injector is kept), and be trained in how to administer her/his own epinephrine injector, when this is an age-appropriate task.
- Recognize safe and unsafe foods and do not share snacks, lunches, or drinks.
- Encourage the habit of reading ingredient labels before eating food.
- Understand the importance of hand washing before and after eating.
- Report teasing, bullying, and threats to an adult authority.
- Inform others of your allergy and specific needs.

Guidelines for the School Administration

Administrators are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on her/his developmental level. To achieve this goal and in the absence of a school nurse, administrators are asked to consider these guidelines when developing an Individual Health Care Plan & Emergency Action Plan for a student with a life-threatening allergy:

- The Individual Health Care Plan (for prevention) and an Emergency Action Plan are components of the 504 Plan for managing life-threatening allergic reactions. A school team should be established to adequately prevent, recognize and respond to allergic reactions. The team may include, but is not limited to:
 - School nurse

- Administrative representative
 - Food service director/staff
 - Teachers and specialists (i.e. – art, music, science, computer, etc.)
 - School counselor
 - Coaches and physical education teachers
 - Bus driver
 - Local EMS
 - Other support staff
 - Student with food allergy (if age appropriate)
- Offer training and education for staff regarding:
 - Food allergies, insect stings, medications, latex, etc.
 - How to read food labels.
 - Emergency and risk reduction procedures including having
 - Periodic anaphylaxis drills. These drills should be a practice in the procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student, who retrieves the EpiPen or Twinject or administers it, who calls 9-1-1, and who directs the paramedics to the child.
 - How to administer an epinephrine injector for an emergency.
 - Special training for food service personnel and lunch/recess monitors.
 - Provide emergency communication devices for all school activities, including physical education, lunch recess and transportation that involve a student with life-threatening allergies.
 - Have stickers attached to all building phones that instruct how to dial 911 and how to contact the school nurse.
 - If medically necessitated in the 504 Plan, arrange for an allergy free table in the lunchroom and/or provide an allergy free lunch substitute.
 - Have disposable Wet Ones wipes available for student use in the lunchroom.
 - Have the custodian wash doorknobs, tables, desks, and other potentially contaminated surfaces when cleaning the classroom, as needed.
 - Plan for student transitions each spring for the next school year.

Administrator Guidelines for the Substitute Teachers

- Make sure a contingency plan is in place for substitute teachers, nurses, or food service personnel.
- Include the following statement in the sub folder, “If this is your first-time in this classroom, see the school nurse or appropriate personnel for training in implementing the Emergency Action Plan and how to administer an epinephrine injector.”
- The school nurse and/or administrator should be responsible for discussing with the substitute teacher students’ food allergy conditions and should make sure the substitute teacher is qualified to handle the situation.

Guidelines for the School Nurse

(Not all schools in Arizona have school nurses. This shall apply to those who do have a school nurses on site.) When it comes to the school care of children with life-threatening allergies, school nurses may carry the largest responsibility. School nurses are asked to assist the school team in both prevention and emergency care of children with food allergies and reactions. School nurses are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, school nurses are asked to consider these guidelines when developing an Individual Health Care Plan & Emergency Action Plan for a student with a life-threatening allergy:

- Schedule a meeting including the classroom teacher (team), and the student’s parent/guardian to develop the Individual Health Care Plan for the student.
- Distribute final copies as outlined in the Individual Health Care Plan and Emergency Action Plan.
- Conduct and track attendance of in-service training for staff that work with the child at beginning of school and after mid-year break. All specific training protocols should be available in the Health Office Procedure Manual.
- In the health office, child’s classroom or other appropriate locations post, and label location of Individual Health Care Plans and emergency medication (e.g. EpiPen or Twinject).
- For epinephrine injectors stored in the health office, periodically check

medications for expiration dates. Contact parent/guardian for replacement as needed.

- Make sure there is a contingency plan in place in the case of a substitute school nurse.
- Be able to communicate with playground staff and physical education teacher via communication device. With parental permission, provide posters, which include children(s) photo(s) & EAP in private areas of the front office, staff lounge, and lunchroom for children with life-threatening food allergies.

Guidelines for the Classroom Teacher

Since many Arizona schools do not have school nurses on site, the teachers are ultimately the students' first line of defense. Teachers are asked to assist the school team in the prevention, care, and management of children with food allergies and reactions. Educators are encouraged to foster independence on the part of children, based on their developmental level. To achieve this goal, teachers are asked to consider these guidelines as they work with their team to develop an Individual Health Care Plan & Emergency Action Plan for a student with a life-threatening allergy:

- Prior to the start of school, teachers will receive the 504 Plan (which includes the Individual Health Care Plan and Emergency Action Plan) of any student(s) in the classroom with life-threatening allergies.
- Participate in any team meetings for the student with life-threatening allergies and in-service training.
- Keep the student's Individual Health Care Plan & Emergency Action Plan accessible, including photo, in the classroom.
- In the event of an allergic reaction the Emergency Action Plan should be activated. Have posted in the classroom a list of trained staff that will administer emergency medication and contact them immediately.
- Be sure both student teacher and classroom aides are informed of the student's food allergies. (Seek training and information from school nurse when notified).
- Concerning sub folders, make sure that a brightly colored sticker is attached to the substitute folder, alerting the substitute that a child in the classroom has a life-threatening allergy. Leave information for the substitute teachers in an organized, prominent, and accessible format.

- Include the following statement in the sub folder, “If this is your first-time in this classroom, see the school nurse or administrator appropriate personnel for training in implementing the Emergency Action Plan and how to administer an epinephrine injector.
- The school nurse and/or administrator should be responsible for discussing with the substitute teacher the student’s food allergy condition and should make sure the substitute teacher is qualified to handle the situation.
- Notify parents in the class that there is a child in the class with a life-threatening food allergy. This should be done in writing and should include the seriousness of this condition (See Appendix A).
- Reinforce school guidelines on bullying and teasing to avoid stigmatizing, or harassing students with food allergies.
- Inform parents of the allergic child in advance of any classroom events where food will be served.
- Never question or hesitate to immediately initiate the Emergency Action Plan if a student reports signs of an allergic reaction.
- Secure disposable wipes (Wet Ones) from the “classroom supply list” for “in class” hand washing, anytime students come into contact with food in the classroom.
- Have an allergen free table/desk in the student’s classroom.
- Sharing or trading food in the classroom should be prohibited.

Snacks/Lunch Time

- If the teacher discovers unknown or restricted food in the classroom, refer to the student’s Individual Health Plan.
- If it is suspected that the student(s) desk has been contaminated, the desk(s) will need to be cleaned by someone other than the allergic child.
- Reinforce hand washing before and after eating.

- A parent or guardian of a student with food allergies is responsible for providing classroom snacks for his/her own child. These snacks should be kept in a separate snack box or chest.

Classroom Activities

- Consider the presence of allergenic foods in classroom activities (e.g., arts and crafts, science projects, and celebrations, or other projects). Modify class materials as needed.
- If a food event has been held in an allergic child's classroom(s), have the custodian wash the tables and chairs.
- Try not to isolate or exclude a child because of allergies, encourage the use of stickers, pencils, or other non-food items as rewards instead of food.
- If an animal is invited to the classroom, special attention must be paid to other allergies children may have (e.g. dander) and to the animal's food (peanuts, soy milk).
- For birthday parties, consider a once-a-month celebration, with non-food treats.

Field Trips

- Consider the student when planning a field trip due to a risk of allergen exposure.
- Collaborate with the school nurse if available prior to planning a field trip. Ensure the epinephrine injector and Emergency Action Plan are taken on field trips with trained personnel.
- Consider eating situations on field trips and plan for prevention of exposure to the student's life-threatening foods.
- Invite parents of student(s) at risk for anaphylaxis to accompany their child on school trips, in addition to the chaperone(s); however, the parent's presence at a field trip is not required.
- Clearly specify any special meals needed before the field trip.
- Avoid meals that may be food allergy related.

- Package meals appropriately to avoid cross-contamination.
- Provide two disposable Wet Ones wipes with each meal (for cleaning hands before and after meals).
- Identify one staff member who will be assigned the task of watching out for the student's welfare and handling any emergency.
- A cell phone or other communication device must be available on the trip for emergency calls.
- In the absence of accompanying parents/guardians or school nurse, another individual must be trained and assigned the task of watching out for the student's welfare and for handling any emergency. The trained staff or parent carrying the epinephrine should be identified and introduced to the student as well as the other chaperones.
- Field trips should be chosen carefully; no student should be excluded from a field trip due to risk of allergen exposure.
- Disposable wipes should be used by students and staff after consuming food.

Lunchroom Guidelines

A cook cannot guarantee that food served in the general lunch program is allergen free. Parents or students may be given access to food labels to identify ingredients in the products used by a school's cafeteria. If necessary, as indicated in the IHCP, a cook will make available an allergy free lunch substitute. It is ultimately the responsibility of the parent to decide whether the child will buy the allergy-free lunch substitute or bring a lunch to school.

Guidelines for Food Service Director and/or School Cafeteria Manager

- Work with administration to determine if peanut and other nut-containing products are on the menu, and if so, consider removing them.
- Meet with parent/guardian to discuss student's allergy.
- Review the Emergency Action Plan and a photograph of the student with life-

threatening allergies (per parent permission).

- Provide sound food handling practices to avoid cross-contamination with potential food allergens. (Food Allergy and Anaphylaxis Network video is available).
- Maintain contact information for manufacturers of food products. (Consumer Hotline)
- Follow cleaning and sanitation protocol to prevent cross-contamination.
- Create specific kitchen areas that will be allergen safe (e.g. allergen-free prep tables, fryers). If unable to accommodate this related to space, make sure the space is thoroughly sanitized between preparation and/or use barriers to allow for an allergen-free prep area.
- Make appropriate substitutions or modifications for meals served to students with food allergies.
- Provide advanced copies of the menu to parents/guardian when requested.
- If requested, have safe meals for field trips.
- When necessary, avoid the use of latex gloves by food service personnel. Order non-latex gloves instead.
- Read all food labels and re-check with each purchase for potential food allergens. (Manufacturers can change ingredients.)
- All food service staff should be trained on how to read product labels and recognize food allergens.
- For non-English speaking staff provide a simple list of basic allergens (e.g. peanuts, milk, eggs) in their native language.
- Cross contamination of a food allergen poses a serious risk to a child with food allergies. Training all food service personnel about cross-contamination should be a part of the regularly scheduled sanitation program.
- Consider creating a peanut-free table (same practice applies for other allergies.)

Train cafeteria monitors to observe the situation surrounding a child with allergies and intervene quickly to help prevent trading of food or bullying activities. All students eating lunch in the cafeteria should be encouraged to wash their hands before and after eating so that no traces of allergens will be left on their hands.

- After all meal service, all table and chairs should be thoroughly washed with soap and water. Use disposable wipes and dedicated water to avoid cross-contamination.
- Provide sound food handling practices to avoid cross-contamination with potential food allergens. (Food Allergy and Anaphylaxis Network video is available).
- Have cooks trained on safe food handling procedures pertaining to food allergies (e.g. cross-contamination).
- Have cooks trained on proper cleaning and sanitation pertaining to food allergies.
- Provide information about reading product food labels and identifying food allergens.

Guidelines for Recess/Lunch Room Monitors

- Teachers and staff responsible for lunch and/or recess should be trained to recognize and respond to a severe allergic reaction or anaphylaxis.
- Take all complaints seriously from any student with a life-threatening allergy by immediately contacting the school nurse.
- Encourage hand washing or use of disposable wipes for students after eating.
- Thoroughly clean all tables and chairs after lunch.
- Reinforce that only children with “safe lunches” eat at the allergy free table.
- A Medic Alert bracelet should not be removed.
- Adult supervisors may be asked to hold an epinephrine injector for a child.
- Staff in the gym, playground and other sites used for recess should have a walkie-

talkie, cell phone or similar communication device for emergency communication.

Guidelines for Coaches and Supervisors of School Funded Activities: (Before and After School Activities)

- Review the Individual Health Care Plan and Emergency Action Plan with the school nurse.
- After school activities sponsored by the school must be consistent with school policies and procedures regarding life-threatening food allergies.
- Make certain that emergency communication device (e.g. walkie-talkie, intercom, cell phone, etc.) is always present.
- Call 911 if you suspect an allergic reaction and follow the Emergency Action Plan.
- Clearly identify who is trained & responsible for keeping the epinephrine injector and emergency medication and where it will be kept.
- Medic Alert identifications may not be removed for activities.
- Consider the presence of allergenic foods in classroom activities (e.g. arts and crafts, celebrations, or other projects). Modify class materials as needed.

Maintenance/Transportation Department Guidelines

Provide training for all school bus drivers on managing life-threatening allergies. This includes sharing with bus drivers the IHCP & Emergency Action Plan(s), and a photograph(s) of the student(s) with life-threatening allergies (with parent permission).

Guidelines for the School Bus Driver

- Maintain policy of no food eating allowed on school buses.
- School bus drivers shall be trained by appropriate personnel in risk reduction procedures, recognition of allergic reaction, administration of emergency medications and implementation of bus emergency plan procedures.
- The school bus driver must have a cell phone or other means of communication for emergency calls.
Administer the epinephrine injector or other prescribed medications when an allergic reaction is suspected and then Call 911.

Appendix A

Sample Food Allergy Letter

Date:

Dear Parent/Guardian,

One of the children in our school has an allergy to nuts. This allergy can be fatal. We ask that you assist us in providing this student with a safe school environment. Our classroom will be a peanut and nut free room.

This is how you can help:

- Do not send any nuts or items containing nuts to school. This includes containers that used to have nuts or peanut butter in them.
- Talk to the teacher before sending food to school for parties.
- If your child eats peanut butter before school, please make sure they wash their hands before coming to school.
- Peanut butter and nuts are not served in the school cafeteria. Some children bring their lunch to school. Peanut butter sandwiches may be brought to school. There will be a special table in the cafeteria for children who have food allergies. Peanut butter sandwiches and nuts will not be allowed at that table.

Thank you for your help. If you have any questions about food allergies, please contact the teacher, school nurse, or the cafeteria manager at _____. We will be happy to help you.

Please fill out the bottom of this letter, and return it to your child's teacher.

Sincerely,

Teacher/Nurse/Principal signature

I have read the food allergy letter. I agree to do my part for the health of the children with food allergies.

My child's name _____

Parent/Guardian signature _____ Date _____

El apéndice “A”

Carta de Alergia de Comida

Fecha

Estimados Padres,

Uno de los niños en mi clase sufre de una grave alergia a nueces. Una reacción alérgica de nueces se pueda resultar en la muerte. La única manera de prevenir una reacción alérgica sería es evitar estrictamente los productos de maní/nuez. Preguntamos su ayuda a dar a este estudiante con un ambiente seguro para aprender.

Ayude por favor siguiendo estos procedimientos:

- No manda ninguna nuez ni los productos que contienen nueces a la escuela. Para reducir el riesgo de la exposición, el cuarto tendrá estar sin nueces.
- No manda envases que han contenido nueces, tal como una jarra lavado de la pasta de cacahuete a la clase.
- No manda los dulces de cumpleaños, los gustos ni pasteles que contienen manís, las almendras, los nogales, ni cualquier otras nueces.
- Después de que su niño coma la pasta de cacahuete, hay que lava los manos completamente antes venir a escuela. Es importante que ese residuo de maní no esté en manos de niños cuando ellos toquan los libros y equipo comunes de la escuela.
- Desde que el almuerzo es comido en la escuela, su niño pueda traer la pasta de cacahuete, los productos de maní o nuez para almorzar. En el cafetería habrá una mesa designada “sin nueces” donde cualquier compañero de clase sin productos de maní o nuez puede sentarse. Si su niño se siente en esta mesa con un producto de maní/nuez ellos serán pedidos mover a otra mesa. Este plan ayudará a mantener la seguridad en la cafetería, mientras se permite compañeros de clase no alérgicos comer los productos de maní/nuez en un ambiente controlado. Después almorzar, los niños lavarán las manos antes de volver a la clase. Las mesas serán limpiadas con el jabón, el agua y las toallitas de papel después de cada almuerzo.

Gracias para su ayuda y cooperación. Apreciamos su apoyo de estos procedimientos. Complete por favor y vuelva esta forma para que seamos ciertos que cada familia ha recibido esta información. Si usted tiene las preguntas, por favor me contactan.

Sinceramente,

El Maestro de la Clase/Enfermera/Director

.....
He leído y he entendido el procedimiento de mantener una clase sin nueces. Estoy de acuerdo de hacer lo que es necesario de mantener una clase sin nueces.

El Nombre del niño: _____

Firma de Padre: _____ Fecha: _____



Appendix B

Sample Individual Health Care Plan (Anaphylaxis)

Student _____ Date _____

Teacher and room _____

Home Phone _____

History of emergency care required. (Document dates, age of child, allergen, symptoms, treatment). Attach all relevant medical documentation.

Prevention strategies

(Review each item at team meeting and check those that apply)

- _____ Use of Medic Alert Bracelet,
- _____ Allergy free lunch table
- _____ Student aware of location of the health office
- _____ Beginning of year parent letter
- _____ Parent provided safe snacks
- _____ Classroom discussion about allergies
- _____ Staff training about allergies and EpiPen or Twinject use
- _____ Parent permission to post/circulate student picture to building staff and bus driver

Additional strategies:

Educational accommodations

Review each item at team meeting and check those that apply)

- _____ Emergency Action Plan (EAP) attached
- _____ Hand washing and use of disposable wipes
- _____ Encourage no food sharing
- _____ Clean student desks after food events
- _____ For field trips send medication, wet wipes and EAP with student

Additional accommodations:

Place Child's
Picture Here

Appendix C Emergency Action Plan

Student's
Name: _____ D.O.B: _____ Teacher: _____

ALLERGY TO: _____

Asthmatic Yes* No *Higher risk for severe reaction

STEP 1: TREATMENT

Symptoms:	Give Checked Medication**: <small>** (To be determined by physician authorizing treatment)</small>
• If a food allergen has been ingested, but <i>no symptoms</i> :	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Mouth Itching, tingling, or swelling of lips, tongue, mouth	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Skin Hives, itchy rash, swelling of the face or extremities	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Gut Nausea, abdominal cramps, vomiting, diarrhea	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Throat† Tightening of throat, hoarseness, hacking cough	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Lung† Shortness of breath, repetitive coughing, wheezing	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Heart† Weak or thready pulse, low blood pressure, fainting, pale, blueness	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• Other† _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine
• If reaction is progressing (several of the above areas affected), give: _____	<input type="checkbox"/> Epinephrine <input type="checkbox"/> Antihistamine

†Potentially life-threatening. The severity of symptoms can quickly change.

DOSAGE

Epinephrine: inject intramuscularly (circle one) EpiPen® EpiPen® Jr. Twinject™ 0.3 mg
Twinject™ 0.15 mg (see reverse side for instructions)



Antihistamine: give _____
medication/dose/route

Other: give _____
medication/dose/route

IMPORTANT: Asthma inhalers and/or antihistamines cannot be depended on to replace epinephrine in anaphylaxis.

STEP 2: EMERGENCY CALLS

1. Call 911 (or Rescue Squad: _____). State that an allergic reaction has been treated, and additional epinephrine may be needed.

2. Dr. _____ Phone Number: _____

3. Parent _____ Phone Number(s) _____

4. Emergency contacts:

Name/Relationship

Phone Number(s)

a. _____ 1.) _____ 2.) _____

b. _____ 1.) _____ 2.) _____

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICATE OR TAKE CHILD TO MEDICAL FACILITY!

Parent/Guardian's Signature _____ Date _____

Doctor's Signature (required) _____ Date _____

TRAINED STAFF MEMBERS

1. _____ Room _____

2. _____ Room _____

3. _____ Room _____

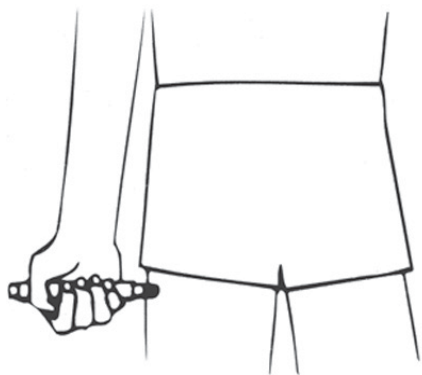


EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.

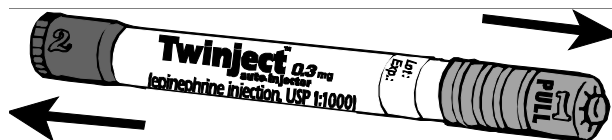


- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject™ 0.3 mg and Twinject™ 0.15 mg Directions

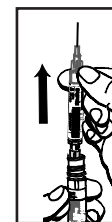


- Pull off green end cap, then red end cap.
- Put gray cap against outer thigh, press down firmly until needle penetrates. Hold for 10 seconds, then remove.

SECOND DOSE ADMINISTRATION: If symptoms don't improve after 10 minutes, administer second dose:



- Unscrew gray cap and pull syringe from barrel by holding blue collar at needle base.
- Slide yellow or orange collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject™ is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission*



Nov. 2006

Appendix D

Steps to Take After A Reaction:

1. Implement EAP.
2. Delegate notification of parent/guardian, notification of school administrator, needs of students classmates and meeting/directing of EMS.
3. Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
4. Accompany the student to emergency care facility.
5. Gather accurate information about the reaction, including who assisted in the medical intervention and who witnessed the event.
6. Save food eaten before the reaction, place in a plastic zipper bag (e.g. Ziploc bag) and freeze for analysis.
7. If food was provided by school cafeteria, review food labels with head cook.
8. Follow-up:
 - a) Review facts about the reaction with the student and parents/guardian and provide the facts to those who witnessed the reaction or are involved with the student, on a need-to-know basis. Explanations shall be age-appropriate.
 - b) Amend the IHCP and EAP as needed. Specify any changes to prevent another reaction.



Appendix E

MEDICAL STATEMENT

FOODS IN CHILD NUTRITION PROGRAMS

Name of student: _____

Date: _____

Name of parent/guardian: _____

Phone: _____

School: _____

(The following needs to be completed by the child's physician)

Diagnosis (include description of the patient's medical or other special dietary needs that restrict the child's diet):

List food(s) that may be substituted:

Additional information:

Date _____

Signature of Child's Physician _____

Phone number: _____



GLOSSARY

Acute- Symptoms that occur suddenly and have a short and fairly severe course

Adrenaline- Synonym for epinephrine

Allergen- A substance that can cause an allergic reaction.

Allergic Reaction- An immune system response to a substance that itself is not harmful but that the body interprets as harmful. When an allergen is eaten, the food allergic student produces histamine. Once the histamine is released in the body it causes chemical reactions which trigger inflammatory reactions in the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock) Each person with a food allergy reacts to the allergy differently. Each reaction by a food allergic student may differ in symptoms.

Allergy Warning Label- A bright colored label placed on the substitute teacher's folder in the classroom alerting the substitute to look for information in the folder regarding the food allergic student.

Anaphylactic Reaction- Syn. for Anaphylaxis

Anaphylaxis- It is a potentially life-threatening allergic reaction. The most dangerous symptoms include breathing difficulties, and a drop in blood pressure or shock, which can be fatal. Asthmatic students are at an increased risk for anaphylaxis. Anaphylaxis often involves various areas of the body at once such as the skin (itching, hives, rash), the respiratory system (cough, difficulty breathing, wheezing) the gastrointestinal tract (vomiting, diarrhea, stomach pain), and the cardiovascular system (lowered blood pressure, irregular heartbeat, shock). The drug to immediately use to abate anaphylaxis is Epinephrine (contained in an EpiPen, EpiPen Jr. or Twinject).

Antihistamine- A drug that blocks a histamine response during an allergic reaction. Benadryl is an example of an antihistamine.

Asthma- A chronic inflammatory disorder of the airways. The primary manifestations of asthma are bronchospasm leading to bronchoconstriction, increased bronchial mucus, and inflammation of bronchial tissue leading to edema. These cause recurrent episodes of "wheezing, breathlessness, chest tightness, and cough...that is associated with widespread

but variable airflow obstruction that is often reversible either spontaneously or with treatment”. (National Asthma Education & Prevention Program Expert Panel Report, 2002).

Chronic- Symptoms that occur frequently or last a long time.

Consumer Hotline (for food staff)- Major food distributors toll-free numbers usually found on packaging. Can be used to check for information on ingredients in a food or the foods’ processing procedures. (e.g., cross-contamination)

Cross Contamination- Occurs when the proteins from various foods mix rendering a “safe” food “unsafe”. Often this is done in the cooking process –using contaminated utensils, pans, frying oils, grills, etc.

Disposable Wipes- Wet Ones brand only. Traditional diaper wipes do not have the proper chemical composition to remove allergens from the skin.

Emergency Action Plan- This is a written document that evolves from the IHP and provides the educational staff with all necessary information should an emergency occur regarding the student who has a serious health condition. This information should include the physical signs of a health emergency, actions to be taken and emergency contact information.

EpiPen- By prescription only. It is a device that, once activated, will automatically inject one measured dose of epinephrine when jabbed into the thigh. It looks like a black magic marker. The EpiPen is contained in an orange cylindrical container as the medicine is light sensitive. Always call for emergency personnel when epinephrine is given.

EpiPen Jr.- It operates the same as the EpiPen. It has the same medicine as in the EpiPen but at a lower dose for lighter weight children. Like the EpiPen, it delivers one dose only. The newer EpiPen Jr. has green packaging which distinguishes it from the yellow EpiPen. Always call for emergency personnel when epinephrine is given.

Epinephrine- The medicine contained in the EpiPen, EpiPen Jr., and Twinject. The drug of choice for anaphylaxis. It is the first medicine that should be used in the emergency management of a child having a potentially life-threatening allergic reaction. It is synonymous with adrenaline. There are no contraindications to the use of epinephrine for a life-threatening allergic reaction. Always call for emergency personnel when epinephrine is given.

FAAN- Acronym for the Food Allergy and Anaphylaxis Network that has educational material on food allergies. Each school nurse has FAAN's School Food Allergy Program. It is recommended that each school nurse has FAAN's School Food Allergy Program.

504 Plan- The Rehabilitation Act of 1973 contains Section 504 Regulations, 34 C.F.R. Part 104. This section states that a recipient of Federal financial assistance cannot discriminate, excluded from participation in, or deny the benefits of any program or activity on the basis of an individual's handicap. As it relates to the educational setting, this is a regular education issue not a special education issue. Procedural safeguards are handled through due process or the Office of Civil Rights and discrimination court case. A person is defined as handicapped if they have a mental or physical impairment that significantly limits the following major life activities: caring for one's self, walking, seeing, hearing, speaking, breathing, learning, working or performing manual tasks.

Food Allergy- An immune system response to a certain food. Upon ingestion, the body creates antibodies to that food. When the antibodies react with the food, histamine and other chemicals are released from cells. The release of those chemicals may cause hives, difficulty breathing, or other symptoms of an allergic reaction. See Allergic Reaction, above.

Histamine- A chemical released by the body during an allergic reaction. It causes the symptoms listed above in Allergic Reaction.

Hives- Itchy, red, mosquito-like bumps that may appear anywhere on the skin. Often a symptom of an allergic reaction.

Individual Health Care Plan- This written plan is developed by the school nurse using the nursing process to address the needs of students with chronic health conditions. With the input of the family, student and, if possible, the primary care provider, the nurse develops a plan that identifies the student's health needs, describes how the nursing care will be provided and identifies the outcomes expected from that intervention.

Latex- A synthetic rubber. It is an allergen for some people. It is commonly found in rubber gloves and balloons.

Life-threatening Food Allergy- Students with allergies have over-reactive immune systems. The immune system produces chemicals and histamine which cause the severe symptoms in the body (e.g., swelling, breathing difficulty or shock). See Allergic Reaction, above. Epinephrine found in the EpiPen or Twinject is the recommended treatment.

Medic Alert Bracelet/Necklace- A necklace or bracelet worn by an allergic student that states the allergens and gives a telephone number for additional information.

Periodic Anaphylaxis Drill-Practice in procedures that would be carried out if there were an anaphylactic emergency. The drill may include but is not limited to: who helps the student, who retrieves the EpiPen or Twinject or administers it, who calls 9-1-1, and who directs the paramedics to the child.

School Nurse- AZ State Board of Nursing - R4-19-101. Definitions – School Nurse means a professional (registered nurse) who is certified under R4-19-309. AZBN R4-19-101

Definitions - “Nurse” means a licensed practical or professional nurse.”

ARS § 32-1666 Unlawful Acts A. It is unlawful for a person who is not licensed or certified under this chapter to:

1. Practice or offer to practice professional or practical nursing in this state.
2. Represent or use any title, abbreviation, letters, figures, sign, card or device to indicate that the person or any other person is a registered, graduate or professional nurse.

Twinject- auto-injector that delivers epinephrine rapidly and easily. If symptoms reappear before emergency help arrives, Twinject provides a built-in second dose of medication. Epinephrine, the active ingredient in Twinject, is the recommended treatment for severe anaphylaxis. It is administered by way of injection through the skin into the thigh, and begins working immediately. Epinephrine helps you breathe by relaxing constricted airways in the lungs. It also reverses dropping blood pressure by constricting small blood vessels.

Twinject Jr.- It operates the same as the Twinject. It has the same medicine as in the Twinject but at a lower dose for lighter weight children. Twinject provides a built-in second dose of medication. The newer Twinject Jr. has green packaging which distinguishes it from the blue Twinject. Always call for emergency personnel when epinephrine is